

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

Stages

SERIAL NO. *10/6014646* | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
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TOTAL IND.

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TOTAL
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TOTAL
CLAMS

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	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL
DEP.

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TOTAL
CLAMS

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